

Family PACT: Provider Enrollment

This section contains information about enrolling as a Family PACT (Planning, Access, Care and Treatment) provider.

Eligible Providers and Enrollment Process

Physician and non-physician medical providers, including nurse practitioners and certified nurse midwives, currently enrolled and in good standing with Medi-Cal, who attend a legislatively required Orientation Session and who agree to abide by program policies and administrative practices, are eligible to apply for enrollment in the Family PACT Program. Applicants must agree to provide the scope of Comprehensive Family Planning Services directly or by referral consistent with *Family PACT Standards* (see “Comprehensive Family Planning Defined” in the *Family PACT: Introduction* [familypact1] section of this manual. Also see the *Family PACT: Standards* [familypact9] section in this manual).

Orientation Sessions

Legislatively required one-day Orientation Sessions provide information about comprehensive family planning, client eligibility and claims payment. The schedule of Orientation Sessions is published regularly in the *Medi-Cal Update* bulletins or is available by calling the Family PACT Hotline at 1-800-257-6900. Upon completion of the Orientation Session, a *Certificate of Attendance* is issued in duplicate to the provider.

Application Forms for Family PACT

The following application documents are available at the Orientation Sessions. They may be requested in advance by calling the Health Access Programs (HAP) Hotline at 1-800-257-6900.

- *Application to Participate in the Family PACT (Planning, Access, Care and Treatment) Program* (DHS 4468)
- *Family PACT (Planning, Access, Care and Treatment) Program Provider Agreement* (DHS 4469)
- *Family PACT (Planning, Access, Care and Treatment) Program Practitioner Participation Agreement* (DHS 4470)
- *Family PACT (Planning, Access, Care and Treatment) Program Disclosure Statement* (DHS 4471)

The DHS 4469 and DHS 4470 application forms contain the *Family PACT Standards*, the *Family Planning Patient Rights*, a list of Family PACT approved contraceptive methods, and program administrative practices.

**Application Form
Completion**

Application form completion instructions include the following:

Provider Numbers

All clinicians must use their existing Medi-Cal provider number(s) on the application documents.

**Application Information
Requirements**

The provider's address, provider number(s) and tax identification number(s) on the application must match the information already on file in the Medi-Cal Provider Master File (PMF). The provider's Place of Service must be licensed, as required by DHS Licensing and Certification, or qualify as exempt from licensure as allowed by state laws. For information about updating provider site information, refer to the *Provider Guidelines* section of the Part 1 Medi-Cal manual.

Application Submission

Completed application forms, along with the white copy of the *Certificate of Attendance* are submitted to:

Department of Health Services
Provider Enrollment Services
P.O. Box 942732
Sacramento, CA 94234-7320
Phone (916) 323-1945

Providers must maintain a legible copy of these documents and the second copy of the *Certificate of Attendance* on file at the provider site. Refer to the *Family PACT: Provider Record Keeping [familypact5]* section in this manual.

**Written Notification
of Provider Eligibility**

Upon approval by Department of Health Services (DHS) Provider Enrollment, the provider receives written notification of the effective date they may offer Family PACT services.

Category of Service

The DHS Provider Master File will reflect the appropriate Category of Service (COS) indicating enrollment as a Family PACT Program provider.

Facility Use

A Family PACT provider must have an additional COS to bill for facility use. For information, refer to the *Family PACT: Enrolled Provider Responsibilities and Other Provider Participation [familypact3]* section in this manual.

**LA Waiver, RHC and FQHC
Providers Must Bill With
HAP Number**

For the following special programs, a new HAP provider number will be issued by DHS upon approval of the application:

- Los Angeles Waiver Program (LA Waiver)
- Rural Health Clinics (RHCs)
- Federally Qualified Health Centers (FQHCs)

The preceding providers may bill only with the HAP provider number, not with their existing Medi-Cal provider number. Notification of the HAP provider number will be mailed to these providers after the application is approved by DHS Provider Enrollment Services. A new Provider Identification Number (PIN) must be used with the HAP provider number.

**Laboratory and Pharmacy
Providers Need Not Enroll**

Laboratory and Pharmacy providers are not required to enroll in the Family PACT Program in order to render Family PACT services and be reimbursed by the program. Information about laboratory and pharmacy participation is found in the *Family PACT: Laboratory Procedures [familypact34]* and *Family PACT: Pharmacy Procedures [familypact41]* sections of this manual.

Application Resubmission Requirements

Forms DHS 4468, 4469, 4470 and 4471 must be completed and resubmitted when the enrolled provider adds a new location of service. For information about updating provider site information in the Medi-Cal Provider Master File, refer to the *Provider Guidelines* section in the Part 1 Medi-Cal manual.

Addition of New Practitioner(s)

The Family PACT provider must have any newly employed practitioners (physician, nurse practitioner, certified nurse midwife, physician's assistant) complete and submit the *Family PACT (Planning, Access, Care and Treatment) Program Practitioner Participation Agreement* form (DHS 4470).

Medi-Cal Provider Enrollment also must be advised of additions or deletions to practitioner staff. Refer to the *Provider Guidelines* section in the Part 1 Medi-Cal manual.

Change in Provider Status

Providers whose status changes from an individual provider to a group, from a group to a clinic or from a clinic to a FQHC, etc. must reapply to Family PACT after securing their new status and new Medi-Cal provider number. Family PACT status does not transfer to the new entity.

If there is a change in ownership, the new provider is required to obtain a new Medi-Cal provider number. The new owner must attend the required Orientation Session and submit all of the required forms previously described in this section.

Provider Disenrollment	Providers may be disenrolled from the Family PACT Program or their Category of Service for Family PACT may be end dated for multiple reasons.
Voluntary Disenrollment	Providers may terminate their participation in the Family PACT Program at any time. Written notification of voluntary termination is made to the DHS Provider Master File Unit.
Termination by Family PACT	<p>DHS may restrict the participation of a provider in Medi-Cal through suspension or determine that a provider is ineligible to participate in the Medi-Cal program. At that time, enrollment in the Family PACT Program is terminated and Family PACT services are no longer reimbursable.</p> <p>Providers are subject to disenrollment by the Family PACT Program for failure to adhere to program policies and administrative practices. Onsite visits and attempts at corrective action may be made prior to disenrollment.</p>
Returning Unused HAP Cards	<p>Unused HAP cards must be packaged with a cover letter including the provider number used to order the cards and returned by UPS or similar service to:</p> <p>EDS Print and Distribution Center 11271 Sunrise Park Drive Rancho Cordova, CA 95742</p>
Reinstatement	If the provider is subsequently reinstated to the Medi-Cal program, the provider's Family PACT status is not automatically reinstated. The provider <u>must</u> reapply to the Family PACT Program. Reinstatement as an enrolled Family PACT provider will be considered on a case-by-case basis.